FaDSS Policy 1.0 – Referrals to the FaDSS Program

Policy Statement

It is the policy of the FaDSS program that referrals from Promise Jobs and other sources be accepted by the grantee, reviewed for eligibility according to FaDSS Policy 2.0 – Eligibility, and recruited for enrollment into the FaDSS program.

General Information

Purpose

The FaDSS referral form is used to document the referral of families to the FaDSS program. Please consult your agency's approved referral process when recruiting families to your program. The referral form is completed by FaDSS program personnel.

Referral Communication

FaDSS grantees will communicate regularly with Promise Jobs during the referral process. Communication should follow local guidelines for communication that are supported through the grantees referral process. Inform the referral source of the outcome of the referral, including Promise Jobs. When notifying Promise Jobs of the outcome of the referral, be sure to email them the completed FaDSS Referral Form. Notification must be sent to the Promise Jobs staff designated locally.

Referral communication may be transmitted to Promise Jobs (or other referral sources) through in-person contacts, mail or fax. Documentation of all communication related to the referral must be stored with the referral form.

Transmitting referral information through email requires the use of confidentiality statement. If your agency does not have a confidentiality statement, use the following statement on your email correspondence:

"THIS MESSAGE CONTAINS CONFIDENTIAL INFORMATION. UNAUTHORIZED USE OR DISCLOSURE IS PROHIBITED."

Protocol – Completion of the FaDSS Referral Form

Part 1 - Referral Intake Information

This portion of the referral form is used to document a referral to the FaDSS program by gathering pertinent information about the family being referred. This is completed by FaDSS program staff. Upon referral, the following information should be gathered, if known:

Date of Referral (required): Enter the date that the referral was made to your agency (month, day, year).

Client Name (required): Enter the name of the family that you are referring or have been referred to the FaDSS program.

Referral Source (required): Enter the source of the referral. Choose from the following list:
- Promise Jobs (worker)
- Other Promise Jobs activities
- Self-referrals (including FIP lists)
- Referrals from within the FaDSS agency
- Referrals from other community programs

Note:
1) *If the referral comes from a source other than a Promise Jobs worker, contact Promise Jobs within one week of the date of the referral to notify them that a referral has been received.*
2) *For FIP List referrals (self-referrals), complete Part 1: Referral Intake Information only once you have talked with the family.*

Address (as provided): Enter the address of the family (typically a street or physical address).

City/State/ZIP (as provided): Enter the city, state and zip code of the address provided above.

Phone (as provided): Enter the family's primary phone number, if known.

DHS Case Number (as provided): Enter the nine digit case number assigned to the family by the Department of Human Services. If this number is unknown, review the FIP list to ensure that the person/family is currently receiving FIP. If the family is in the process of applying for FIP, you may enter the number once the family is approved.

Comments (as provided): Include any information relevant to the referral. For instance, you may explain why a referral is being made, including identification of specific barriers/issues, such as parental age, child care, transportation, domestic violence, substance abuse, etc.

Referral Contact Information (as provided): Include the contact information for the individual or agency referring to the program. This may include the name, telephone, or email of the referring party.

Note: Transfers
When transferring a family from one grantee to another, a referral form will be completed with the referral source documented as "Referrals from other community programs."

Part 2 - Referral Outcome

When a family enrolls or declines services, the Referral Outcome section is completed. This portion of the referral form is used to record the disposition, or outcome, of the referral.

1. **Yes**, family has enrolled in FaDSS, effective date of **enrollment:**
   a. Select this option if the family has agreed to participate in FaDSS and enter the enrollment date.
2. **No**, family has declined FaDSS services at this time, date family **declined**:
   a. Select this option if FaDSS was able to communicate with the family and the family chose not to enroll in FaDSS. The referral is considered closed if the family declines services. Enter the effective date of the decline.
3. **No**, we have been unable to meet with this family. We have made _____ # attempts to contact, **no longer recruiting effective:**
   a. Select this option if FaDSS is unable to meet with the family. Enter the number of attempts you have made to contact the family either in person, by phone, or written correspondence. The referral is considered closed if FaDSS is not able to contact the family. Enter the effective date of the referral closure.

Note:
1) *Recruitment should be completed within one month of the date of the referral. At times, it may be permissible to recruit families beyond one month. Examples: 1) attempts by the specialist to recruit demonstrate that the family is interested in receiving services but has not been able to connect with FaDSS for an enrollment visit; 2) the family may have been referred during the FIP application period and therefore would be unable to enroll until FIP is approved; 3) Families placed on the waiting list because a lack of a current opening in the grantee caseload. Other situations may arise that would require an extended referral process. However, in all cases when the referral process takes more than 30 day, justification for the additional recruitment time must be documented and maintained with the referral form.*
2) ***Waiting List***, *The grantee will maintain periodic contact with the family while on the waiting list, following the guidelines outlined in the program's waiting list protocol. When the family is removed from the waiting list (either enrolled or declined), complete the referral form with the option that best applies, including the effective date.*